Mark Salzer: I'm professor and chair of the Department of Rehabilitation Sciences at Temple University, and I'm also the Director of the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities.  I want to thank everybody for joining us today for a webinar called, "Supporting College Students with Psychiatric Disabilities."  We are recording this webinar, so you or your colleagues will be able to take a look at it in the future, and in a second I'll give you a sense of the objectives that I hope we're able to cover today, probably in the next 45 to 50 minutes, about how we can best support college students with psychiatric disabilities.

But first, I wanted to let you know that I have reserved some time at the very end of this webinar for your questions and comments.  What we would like you to do is you can go over to the chat box and click on I think "All Panelists" or "All Participants" and you should be able to write your questions and comments right there, and I will be able to take a look at them later on and will be able to go through each question individually.  We currently have the microphones muted, that's to primarily prevent any background noise or anything like that from occurring.  So, with that, I would like to move ahead and start this presentation.

So, first of all, I wanted to start out with our objectives for today's webinar.  The objectives are: to examine campus experiences and knowledge and use of various types of accommodations, that college students with serious mental illnesses utilize, and what their experiences are on college campus.  We also will review the campus engagement and academic support that college students find to be most helpful, and finally we'll discuss the types of supports that can be offered and barriers that need to be addressed to better support or best support college students with serious mental illnesses.

The background for this conversation for those of you who don't come from the mental health fields or aren't working directly, in clinical practice or other ways, with individuals with serious mental illnesses – and by the way, I use that term to include people diagnosed with psychotic disorders (like schizophrenia or schizoaffective disorders) and affective disorders (including bipolar and major depression).  Over the last 20 or 30 years or so, there's been a real revolution in our understanding of the capabilities of these individuals, and the ability of these individuals to, what some people have come to call "recover," from their mental health issues that they're dealing with.  This recovery notion is understood from two different perspectives.  The first is what's called a "medically-oriented perspective," this perspective tries to understand recovery from the extent to which individuals with serious mental health issues have fewer symptoms over long periods of time, or have increased functioning, including going to work or going to school, dating, those kinds of things, as well as decreased hospitalizations, or fewer hospitalizations over time.  From this more medically-oriented perspective, the data are very clear that individuals with significant mental health issues, including those who have been diagnosed with schizophrenia, can recover.  People do experience fewer symptoms over time, people can participate in the community, sometimes to the same degree as other people who don't experience these issues, and people experience decreased hospitalizations over time.  So, again, from a medically-oriented perspective, we have ample evidence that people can recover.

There's also another perspective on recovery.  This is often called the "consumer-oriented perspective."  This perspective understands recovery as being separate from someone's experience with symptoms related to a diagnosis or mental health issue that they're experiencing, and my favorite definition

associated with consumer-oriented perspectives on recovery is that it refers to one's ability to live a satisfying, fulfilling and hopeful life with or without symptoms of one's illness. So what this means is a focus or understanding that people, even while they're experiencing symptoms related to a particular diagnosis like depression or bipolar disorder or schizophrenia, that those individuals, even while possibly experiencing those symptoms, sometimes even in a very significant way, that these individuals can none the less live satisfying, fulfilling, and hopeful lives. And that is incredibly important for us to understand, and to focus on, and in other webinars and other presentations, we talk about how supporting people to live these satisfying and fulfilling lives and to participate fully in the community is actually very good for one's mental health and physical health and wellness.

In fact, we've come to call the focus on recovery and community participation and community integration as being a medical necessity that we need to focus on, and one of the areas we focus on is the importance of supporting college students with serious mental illnesses as a medical necessity. This is something that facilitates and enhances one's mental health and physical health and it also leads to valued careers and employment long-term. So, this is the consumer-oriented perspective, and there are numerous self-reports, anecdotes, stories, other types of research that have really demonstrated that individuals with very significant mental health issues can live satisfying and fulfilling and hopeful lives with or without symptoms being present. So both of these combined are critically important for us to understand – old notions about serious mental illnesses, again including schizophrenia, or including individuals who at one point in time may not be doing well related to their mental health issues, that over the long term many or most of these individuals are able to live a satisfying and fulfilling and hopeful life, and that is really the context for our conversation about what colleges and universities in particular can do to support individuals with serious mental illnesses.

So what do we know about post-secondary students with mental illnesses? The first thing is, that I should say is that actually we don't know a lot. There is not a lot of data about how many students there are with serious mental illnesses, what their experiences are on college campuses, all of those kinds of things. So some of the data that I'll be presenting today are somewhat dated and we really need to do a better job to understand the significance of the numbers of people with significant mental health issues who are on college campuses, but I will start out with this piece of good news in general, and the good news is there are more students with mental health issues enrolled in colleges and universities. And here are two studies from the late 90's that report significant increases at colleges and universities around the country in the number of students who are identifying with mental health issues. I talk about this as good news, because there are a lot of stories out there that talk about mental health crises and these kinds of things on campuses as if the presence of college students with mental health issues is a bad thing, and I'd like to say that while some of the need to attend to the issues that they are experiencing is great, and we need to do more, that it's actually good news that there are more students with mental health issues on college campuses and we just need to a better job of supporting them from a counseling standpoint as well as supporting them in being successful and successfully completing their education.

The bad news is that again we don't have a lot of data in this area, but the data we do have suggests that students with significant mental health issues are withdrawing from college prior to completing their degrees. And this is associated with individuals with significant mental health issues being much

less likely to have college degrees than the general population. Data from the national comorbidity study in the 1990's suggested 86% of individuals who get accepted and enroll in colleges and universities at that point in time, 86% of those students withdraw from college prior to completing their degree, and this is compared to 45% withdrawal rate for the general student population that doesn't have mental health issues. So college students are getting admitted, they have the capabilities and the preparation to be successful, but for a variety of reasons they're withdrawing and in general are not completing their degrees.

Educational attainment – this is what I was just talking about a second ago, that this associated with lower levels of educational attainment for these individuals, they're much less likely to complete their college degrees and they're being much less likely to complete their college degrees is associated with greater challenges in employment, and from my perspective it's likely one of the primary factors associated with unemployment of individuals with significant mental health issues.

So, let's talk a little bit about some of the factors that are associated with withdrawal from college for any student, students with or without mental health issues, and the reason I do this is because when I talk to some of my colleagues at colleges and universities around the country or my clinical colleagues around the country, the first assumption is that individuals with serious mental illnesses don't complete college because of their illness exclusively, that it has to do with the fact, or they believe that it's a fact that if you have schizophrenia, or you experience bouts of mania or depression, that that almost automatically explains why you're unable to succeed. And the interventions to reduce that withdrawal associated with the illness are primarily focused on making sure that students receive appropriate clinical services while they're in their college or university. I completely agree with the need for clinical supports while individuals are in college, we need better counseling supports, we need to partner better with community mental health agencies and community providers, to make sure that people with significant mental health issues, students with significant mental health issues are getting their clinical needs supported, but it's actually my belief that a large percentage of the reason for withdrawal likely has to do with other factors, and these are some of the other factors that I think we should be looking at.

This is the Tinto Model, having to do with retention and performance in post-secondary settings, and you see that some of the individual factors that certainly are associated with retention and performances in colleges and universities. These include preparation – this is preparation in post-secondary settings – knowing how to study and having the initial exposure to an academic preparation to succeed at one's college or university. It also has to do with one's intentions to stay at that college or university and intentions to perform at a high level, for example, as well as one's expectations about how well someone will succeed or how well an individual thinks that they'll succeed at that particular college or university.

The other set of factors – and I have these highlighted in bright red [on the powerpoint] are the extent to which the student is engaged in the campus institution, and this has been found to be a major factor that predicts retention and performance. This means engagement in academics: are they going to their classes? Are they engaged with their faculty? Are they engaged with the curriculum in substantial ways? It has to do with the interpersonal engagement: how well are they getting along with other students?

How well and how connected are they to faculty, administration, and other individuals on campus? And finally, it has to do with engagement in extracurricular life. This is the extent to which individuals are going to the library, going to clubs, going to sporting events, involved in campus life beyond their academic classes. So both these sets of factors have been found to be associated with retention and performance for general student populations, and research that I've been conducting, or had conducted about ten years ago, suggests that engagement in campus life is a major issue for individuals with significant mental health issues.

So let me explain. About ten years ago or twelve years ago or so, some colleagues and I conducted a national survey, and this is national survey of individuals with serious mental illnesses who have gone to college or who were current students in a college or university. This is actually the first such study of its kind, that has been conducted, and I think it currently remains the first national study of its kind that has ever been conducted. The purpose of this study was to really understand their experiences on college campus, their campus life experiences, how much they were engaged, as well as the types of supports that they received or would have liked to receive that were helpful to them in being successful, and I'll be getting to that list in a little bit, of the types of accommodations or support that these students received, that they believed were helpful to them in being successful and staying on campus.

So we had 520 respondents from 357 different institutions, almost 200 were current students at a college or university in the continental united states, and a little more than 300 were former college students with mental health issues. The sample was predominantly female and white, and we had a nice distribution of individuals with different mental health conditions, and most of these individuals reported taking psychiatric medications while at college, which we believed is somewhat of an indicator of how significant their mental health issues were.

Students completed a series of measures including the college student experiences questionnaire, which is a normed and standardized measure developed by folks I think at Indiana University. This measure included measures of experiences with faculty, asks, "how often do you ask your instructor for information?" "Discuss your career plans and aspirations with a faculty member?" A second scale is the campus facilities scale, "How often do you use recreational facilities," "do you use a learning lab or center to improve study or academic skills?" and includes questions about clubs and organizations, "How often do you attend a meeting of a campus club, organization, or student government," so those kinds of questions, it has satisfaction overall, "how well do you like college and if you could start over again, would you go to the same institution you are now attending?" As well as other items about their relationships with students, faculty, and administration.

So again, we used the data from all of these respondents about the time that they were on-campus, and here are the means for the sample of students with serious mental health issues compared to the normed mean. This is a mean that was gathered from almost 90,000 college students in the united states. And the idea was to see whether or not college students with mental health issues differ from those individuals, most of which we presume don't have mental health issues, in these various areas.

So the first area was their experience with faculty, the mean that we had was 21.77 on this particular scale, the normed mean was 21.55, and we report the p-values and the effect size. ES refers to effect

size, that's how large of a difference it is between the two groups, is it a small difference or is it a medium difference or is it a big difference, or no difference at all. On the experience with faculty sub-scale, we found no differences between students with mental health issues versus those who mostly do not, on the campus facilities measure, we did find a statistically significant difference. A T-score, this is a particular statistic, of 13, which is a huge T-score suggesting a very big difference between these two groups, and the effect size is .6, which is a moderate to large effect size between the groups. So this would suggest that college students with mental health issues use campus facilities much less frequently than the normed college student sample. [20:10]

Clubs and organizations we also found differences, this was a smaller difference, college students with mental health issues used clubs and organizations, attended these, less likely than the norm sample. We also looked at satisfaction with their campus or college experience overall, and whether or not they would choose that particular college again. And again, we found statistically significant differences with satisfaction. The T-score was a little more than 4, and college students were less satisfied with their experience compared to a normed mean. College students with mental health issues reported much poorer relationships with other students, they had a 4.113 on this particular scale versus 5.63 for a normed sample of college students, which is a very large gap. So it seems to be relationships with other college students could be a major issue that could be addressed and theoretically may have an impact on retention and performance. Relationships with administration for college students with mental health issues was poorer than the general student population and relationships with faculty were also poorer. Both of those were smaller effects, but still statistically significant. Overall we found that with our measure and our survey that college students with mental health issues are having different experiences in general on campuses around the country compared to their peers.

Some other questions we looked at to see what might be driving this a little bit, we looked at especially their engagement in campus organizations, campus resources and their interactions with faculty. We wanted to understand whether or not perceived discrimination, whether or not they felt they were treated differently by other people if that was making them less likely to use campus resources and those other types of things. So the first question we asked the same sample was, whether they feel that other people on campus treated them differently because they had a mental illness. 28% of our respondents said that they did feel treated differently most of the time. Which we feel is very significant, about one quarter said that they felt treated differently. And an additional 49% reported that they sometimes felt treated differently. So this was at least from these students perspective, reported that other people viewed them and treated them differently. We also looked at the relationship between those who reported being treated differently most of the time, did they differ from the other college students with mental health issues who reported sometimes or never, or those kind of things. And we did find that those students in particular who felt treated differently most of the time use campus facilities less frequently than the other students. Had less satisfaction with their college and had poorer relationships with faculty, administration, and especially other students.

So I am sure all of you, like me, this sets off an alarm that we need to address prejudice and discrimination that at least these students are reporting exist all over the country. And I know many of you are actively involved in doing this which is incredibly important, and we will talk about more in a little bit about more strategies. But I would say that this discrimination requires significant amounts of

effort to overcome. It is something that our mental health month actually, Sunday October 10th was Mental Health Awareness Day, and May is Mental Health Month, all of these things are wonderful. But we need to engage in this work to address discrimination every day of the year, every hour of the day. It is so entrenched in our culture, and so entrenched in our college campuses, that it is having a major effect on these students and is likely a significant driver in why these students aren't staying in their colleges and university, and why they are not being successful. So we have a lot of work to do in this area.

So what are some of the strategies for promoting educational opportunities. I look at strategies in two different kinds of way. The first I call supports, these are things we can do directly with the college students to assist them in being successful. The other types of supports or strategies for enhancing retention and performance are to identify and address barriers that effect college students with mental health issues on campuses. And as I was talking a second ago about the significance of discrimination for example for students on campuses, some of the research that my colleagues and I have been doing, suggest that these barriers (these things outside of college students) likely play a very significant role in lack of participation. Not only on college campus, but discrimination plays likely a major role in employment, social relationships, engagement in churches/synagogues/mosques, really engagement in participation in lots of different areas. Discrimination is one of the key drivers for lack of participation.

So let me talk a little bit about the supports. I know some of you work in offices of students with disabilities and I'd like to welcome you to this webinar and I'm pleased that you are interested. As part of this survey we recognize that students with Office of Students with Disabilities and the types of formal accommodations that they can work with students to receive, is a very significant support for these students. One of the questions we had was, the extent to which college students with mental health issues are aware of accommodations, and have used Offices of Students with Disabilities and have received accommodations. This is a slide with some bar graphs that allow us to look at the differences between the current students who completed our survey and former students. Those were individuals who had identified themselves as having been in college at some point in time in their lives, but not currently being in a college, and having a mental health issue. So the good news is when we compare these two groups, we see that current students are much more aware of academic accommodations that are available to them compared to former students. These former students could have been from a year ago, up to 30 years ago. So we have a wide range, but overall we found that 71% of current students are aware of accommodations, were familiar with accommodations, and their right to accommodations, versus 42% of former students.

We also found that current students were much more likely to use Office of Students with Disabilities, 44% of students in this survey reported that they had used Office of Students with Disabilities versus 24% of former students. And finally 48% of the current students reported receiving some type of accommodation (academic accommodation, classroom accommodation, grading, those sorts of things) versus 26% of former students. The good news is that current students in particular, versus 10-12 years ago, current students are much more aware of accommodations than before and are using Office of Students with Disabilities, and a fair majority are receiving them. But the same data also indicate that many, many students, even up to half, who might be eligible are not receiving accommodations and

aren't using Office of Students with Disabilities. We certainly have work to do to make students more aware of availability of accommodations.

We asked these students, and these are some data that I will report now, that many individuals from Office of Students with Disabilities have found to be very helpful to them as they think about the types of accommodations that students with mental health issues or psychiatric disabilities might able to receive. We looked at different types of accommodations, in different groupings. This is a table that lists accommodations related to classroom assignments, and you can see the different types of assignments or accommodations that we developed after talking with different people about things that they have used or would have liked to used. We asked how many people or what percentage of individuals had used that particular accommodation, so this gave us a sense of how commonly used some of these are, and then we also asked those people who used that accommodation how helpful it is, and here we record from among those who say they use the accommodation, how many found, what percentage found the accommodation to be very or extremely helpful.

So let's take the first one that we have listed here, "substitute assignments in specific circumstances." So this could be an alternative assignment of some sort. And 9% of students reported that they used that accommodation, 74% said that would be very or extremely helpful. Let's go down to written assignments instead of oral presentations (or vice versa). Maybe this would be related to someone who has an issue where speaking in front of other individuals creates a great deal of anxiety, and that may reduce their performance, and instead these students seek some type of written assignment or alternative to the oral presentation – 7% said they use that accommodation. And almost 80% reported that it was very or extremely helpful.

So I'm not going to go through all of these in a great amount of detail. If you'd like to write me, I can send you the paper that we published that reports all of these results.

The second types of accommodations that we looked at were classroom accommodations, things like beverages permitted in class, using a tape recorder, early availability of syllabus and textbooks, tutoring and course materials, assigned classmate as a volunteer assistant, all of these kinds of things that we called classroom accommodations, and you see a wide range in how often these are used. I think the most used accommodation reported by students – there were two of them – beverages permitted in class and private feedback on academic performance. The item, or the accommodation, that they reported being most useful or the highest percentage of individuals who said it was very or extremely helpful, was modified or preferential seating arrangements. These would be individuals who may be more comfortable sitting in front, or more comfortable sitting in back, or those kinds of things as an accommodation that they felt was necessary for them to be successful in that particular course.

And the last type of accommodation that we looked at we referred to as grading accommodations. This includes extended time for test taking, which is fairly standard, provision of an incomplete grade rather than a failure if a relapse occurred, this is actually something that most colleges and universities require that at least 50% of course material be completed for someone to be eligible for an incomplete, and this might be an accommodation where it might not utilize that 50% threshold, this might be a student that's hospitalized early in the semester and maybe it's after the withdrawal period and maybe their

being able to get an incomplete instead of a fail would be important. I know there are other things that can be done, medical withdrawals and that kind of thing, but sometimes students are not interested in withdrawing, they'd like to do something to complete that particular course. And there are lots of different ways to go about doing this. And many students reported that that was very or extremely helpful, 82- or almost, 83% reported very or extremely helpful that provision.

So the overall conclusions from these data that we've received from this particular survey is that, first of all, it's important for us to raise awareness of right and accommodations for college students. Again, I know many of you who are working on college campuses are actively involved in this, trying to increase awareness of college students with disabilities, it's called many things in many different places, making sure students are aware of their rights to accommodations, but I suspect that we could probably do more. And that would be a very important thing to do.

We also need to increase awareness of disability office staff of the types of supports that are desired by students with disabilities. So the type of survey that we did is only a first start in how we can do this, and hopefully the data we've generated are of interest and are helpful to you in thinking about the different types of accommodations that are available to students who you're working with that experience psychiatric disabilities. We would encourage you to talk to your students, to think about different things that would be available to them. I have heard individuals who work in offices of students with disabilities say that they think there are only a small subset of things that are allowed to be viewed as accommodations, and to the best of my understanding that's not entirely correct. That there are lots of different things that could be considered and I would encourage everyone to continue to think about the different ways that they, and different types of accommodations that might be available to students. And a great start is actually to start or continue to talk to students to come up with this list just as we've done, or we did, with this particular survey.

The second thing, that type of support I wanted to introduce everybody to, is what's called supported education. And supported education is something that emerged out of a field called psychiatric rehabilitation. I'm actually a clinical psychologist, but I'm most often identified with this particular discipline of psychiatric rehabilitation. And basically supported education is intended, or the model is intended, to support students with significant mental health issues to stay in school and to be successful. And they do this using a number of different methods. They have regular contact with students where they stay in touch with them to see how things are going. They provide what are called "academic adjustment services," helping to make sure that they're in contact with offices of students with disabilities and are receiving accommodations, supporting them around interpersonal skills, use of assistive technology, making sure that they're utilizing and are engaged in campus and a whole host of things. Some people have equated it to an academic coach that specifically works with students with mental health issues.

Some supported education programs include academic emergency plans – what happens if you do start having issues and how can we support you when you are having those issues? And in general, being available to support the student as they engage with professors or family or other people around their academic success. This is not treatment, it's not what's called case management services, this means

helping make sure that they receive their medical services related to their mental health issues, but it's more of a skill-building type of approach.

And there is some current evidence suggesting that supported education is helpful to students with significant mental health issues. There are different types of supported education programs, I'm not going to go into a lot of detail on these, but there are some programs that come out of the mental health system and are based in community mental health centers that partner with colleges and universities. I actually worked with one agency here in Philadelphia called Horizon House to develop one of these programs, it's called Education PLUS, and here you see some information about the ratio of staff people to students, how much these programs typically cost, and the development of relationships with two- and four-year colleges and universities. We also have students in this program that are graduate students as well. So these are mobile mental health agency-based programs.

There are also a few college- or university-based programs. My understanding is the University of Illinois at Champaign-Urbana still have some of these, I haven't looked to see if they still have one, but this is a supported education program that is partners with college counseling and offices of students with disabilities staff to provide supported education. So it's an addition to focusing on counseling needs or accommodation needs. It's providing that additional support. And my understanding is some colleges and universities are developing these programs and for certain student populations, especially individuals on the autism spectrum, they're actually offering this to students for an additional fee as well. So this is a growing model that I think is going to continue around the country to help enhance retention for many students who experience impairment and disabilities.

I did want to take a moment to talk about a unique model of supported education that my colleagues here at Temple University have developed and are currently studying. We have a wonderful individual named Paige O'Sullivan who is overseeing our distance supported education intervention. This is part of a randomized, controlled trial that we're allowing or recruiting students from any college or university around the country who contacts us and meets our inclusion criteria, to be eligible to potentially receive supports, a supported education approach from a distance. Using the phone, using Skype and WebEx and other forms of communication, texting, to provide the same types of supports one might receive with face-to-face models of supported education.

So we're really excited about this. Paige is a wonderful interventionist, she's done a great job with this. And we're looking for individuals from offices of students with disabilities or disability resource centers who are willing to distribute information about this particular study to the students that they're supporting, and if you're interested in contacting us about helping us recruit people, please send me an email at msalzer@temple.edu and I can put you in contact with Katie Pizziketti, who will help, and Alison Weigl, who can help you get involved or help you get information out to students so they know about this. Some folks have expressed concerns about whether they need university IRBs to participate, or not to participate, to send information out to their students. For the most part, we're finding that most do not need any special permission or approval to send information to their students. So if you have concerns about this or you would like to talk about this, we'd be happy to do so.

So let's look at some other types of supports that are being used around the country. Peer support around especially academic issues is also growing around the country. There's different colleges or universities that have developed peer support, one-to-one peer support interactions between college students with mental health issues, and college students without mental health issues with their peers who do have mental health issues, to support one another around being successful in their college experience. Enhancing engagement, going to clubs and organizations and all of those kinds of things. Peer support is a model that appears to be growing nationally. Again these are reciprocal relationships, where students provide different types of support; informational support, emotional support, validation and appraisal with helping people examine their own situation and come up with their own conclusions on how to be successful at their particular college or in a particular class or in a particular situation. Peer support is an incredibly important and likely productive in enhancing retention performance.

Circles of support is another model that I won't be able to go into a lot of detail about right now, but the idea is that most of us in our lives are supported in being successful in living our lives by other people who are unpaid professionals. Many of us have family members who are supportive, who we go to when we want help or just to talk things over or something like that. Many of us have friends, many of us have colleagues, or people who are beneficial for us to have in our lives. These are data on this slide where we asked the students in the survey that I talked about earlier, to what extent each type of individual was helpful to you or valuable to you in your academic experience. 36% of the students who responded said that family were very or extremely valuable, and 35% said friends were extremely or very valuable. These are important resources for us to think about and the circles of support model involves the ability to facilitate the students utilizing these supports in their lives, to better support them on college campuses. And again if you are interested in how you might go about doing this, I'd be very happy to talk with you at some point about how counseling centers for students with disabilities can help facilitate these types of circles that are completely directed by the college students themselves. Which really promotes self-determination, they are in charge of meeting their goals but also how they can utilize their natural supporters, their friends and family members, neighbors, all sorts of people, to help them be successful in their academic pursuits.

So I'm going to end with the strategies for identifying barriers that limit the academic success for students who experience mental health issues. The first I've mentioned a couple of times because I think it's that important, that prejudice and discrimination exist to significant degrees on college campuses. It exists in policies, it exists in administration, it exists among faculty and other students, and it's something for us to do a lot more about to address it. It's not just raising awareness of mental health issues, which is critically important, but it's about identifying the structural factors and interpersonal factors that are limiting the experiences and success of students with mental health issues. I can't go into a lot of details but sometimes universities and colleges have policies that might not be viewed as being welcoming of students with mental health issues. Some universities have formal and informal policies that might send a message to a student with mental health issues that they're not desired on campus, and there are other types of things that are present that might be an issue. So here I want to go over some resources that might be helpful to you in thinking about how to address some of these barriers that exist on your campus. One is a model policy that was developed in partnership with our center and the Bazelon Center for mental health policy and the law, where they created a model policy for colleges and universities to adopt that basically states that we are here and we want students with

mental health issues, and we will do everything possible to support you being successful on our campus. It gives other types of details, and things that colleges pledge to do to support students with mental health issues. Many colleges and universities have organizations like Active Minds, these are student groups, and these are also very helpful for addressing prejudice and discrimination, but not enough. Student and family organizations can be incredibly important to raise awareness of mental health issues on campuses, but also identifying and addressing discrimination in policies that may be present on campuses. Some other barriers, and this isn't more a barrier than it is a set of perspectives that I have heard over the years in talking to campus administrators about students with mental health issues, is that there is somewhat of a wariness that I have heard from some administrators. And that increasing supports to students with psychiatric disabilities, might lead them, and if they make special efforts to attract students with mental health issues, that might require them to have to water down the curriculum so that these students can be successful. Of course this is not necessary, for those of you on the call that find this ridiculous, but this is something that I have heard over the years and certainly not a very accurate perspective on their part. There are also comments that if a campus does more to attract students with psychiatric disabilities, this might require them to provide even more support resources, and I think that that is likely, or should be a goal. I think it would be the case that there would be more support resources, but I think it also fails to recognize that there are already many students with mental health issues and psychiatric disabilities who are on campus already, and we need to do a better job at supporting those students. And obviously we need to understand that it is less costly to adopt a preventative approach, like utilizing supported education models, or promoting peer supports, or addressing policies, that reduce retention and performance of students, and that these efforts will actually reduce costs for students and their families, and also for the university itself in terms of reenrollment issues, and counseling issues, and all sorts of things. Adopting a preventative or a population health among all college students perspective could be critically important. And finally, obviously, supporting these students is morally and ethically responsible.

Now let me point you to some resources that are available on our Temple University Collaborative website, here is the link right there. And again you can send me an email, and I can send out this PowerPoint presentation so you can see it. We have a number of resources including the model policies for colleges and universities that I mentioned earlier. We have a very popular document called "A Practical Guide for People with Disabilities Who Want to Go to College" as well as "Your College Community: How People with Psychiatric Disabilities Can Make the Most of Their College Experience." All of these have been downloaded hundreds of times from individuals around the country, and we hope that you take a look at it.

So I am going to end and take some questions, I want to thank Katie for helping to organize this webinar.

Now I am going to open up to questions and comments, and again as I mentioned before you can put these in the chat box and Katie will either send them to me, or I will take a look at them as well. Katie did send me one question earlier, it reads "can you address the financial aid ramifications and difficulties when withdrawal is necessary for short or longer time periods. Example, failure to make satisfactory academic progress." So I will address it, I don't know if I have any particular solutions other than the need to work with federal financial aid rules and how colleges and universities are interpreting these rules around what academic progress means for students who experience significant mental health

issues. This is a very important issue for many students with serious mental health issues, my concern is that many federal policy makers as well as university administrators who are enforcing these kinds of rules might underestimate the likelihood that an individual with a serious mental health issue or psychiatric disability can be successful, especially with the proper support. So I think to address these issues it's a matter of making sure we are addressing that environmental barrier and providing the types of supports and information that is most critical.

I am looking for other questions or comments…alright well it seems like I have answered all of your questions. So let me just say that I am really thrilled that you have spent a little time with us today. Again please contact us if you would like the PowerPoint presentation or would like to discuss any of the issues that I mentioned in this particular webinar. And again we are also looking for individuals who are willing to give information our about our distance supported education study to students who are utilizing your disability services at your college or university or if you know of ways that we can disseminate information about the study send me an email, again at [msalzer@temple.edu](mailto:msalzer@temple.edu). And I want to thank all of you for spending the time with us today, have a great day. Bye.